



CITY OF SOMERVILLE, MASSACHUSETTS
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
JOSEPH A. CURTATONE
MAYOR

DIVISION OF INSPECTIONAL SERVICES

BUILDING DEPARTMENT

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

11 Bow ST
6 copies

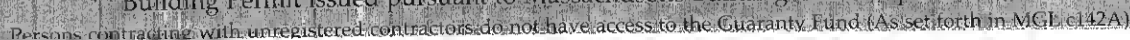
Signed under the pains and penalties of perjury, this 25 day of NOV, 2011.

Kelly A Como
Signature

KELLY A COMO
Print Name



DPW • 1 FRANEY RD • SOMERVILLE, MASSACHUSETTS 02145
(617) 625-6600 EXT. 5600 • TTY: (617) 666-0001 • FAX: (617) 666-2624
www.somervillema.gov



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

EEF

DATE REC'D: 12-29-06
ACCEPTED BY: AB
DATE ISSUED:
DATE DENIED: 12-28-06
PERMIT NO.:

1. LOCATION OF PROPERTY (NO. AND STREET) **11 Bow St** MAP **73** BLOCK **C** LOT **11**

2. NAME AND ADDRESS OF PROPERTY OWNER **Pineal Cafe Leasee**

3. NAME AND ADDRESS OF ARCHITECT/ENGINEER

REGISTRATION NUMBER _____ TELEPHONE _____

4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER **John Murray 114 Brandy** TELEPHONE **617-669-9015**

CONST. SUPER. LIC. NO. **049589** H.C. REG. NO. **1214336** SIGNATURE (REQ'D) *John Murray*

5. ZONING DIST. **CBD** TYPE OF PERMIT: ☐ NEW ☐ ADDITION ☐ CERTIFICATE OF OCCUPANCY

6. WARD **2** ☐ REPAIR ☐ DEMOLITION ☒ ALTERATION ☐ OTHER

7. CURRENT USE(S) **Bank** PROPOSED USE(S) **Coffee/Cafe Restaurant**

8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS **NA** USE GROUP **B**

9. ESTIMATED CONSTRUCTION COST **70,000**

10. WHAT IS THE CONSTRUCTION TYPE? PLANS SUBMITTED ☒ YES ☐ NO

11. LOT DIMENSIONS AREA FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE

12. PROPOSED SETBACKS FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE

13. HEIGHT OF STRUCTURE (FT.) TOTAL SQUARE FOOTAGE NUMBER OF STORIES

14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? ☒ YES ☐ NO

IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER _____

15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? ☐ YES ☒ NO IF YES, GIVE COMMISSION APPROVAL DATE _____

16. WASTE DISPOSAL COMPANY **DEI** DISPOSAL SITE ADDRESS **Chelsea, MA**

17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? ☐ YES ☒ NO

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION
(DO NOT INDICATE "SEE ATTACHED PLANS" PLEASE BE SPECIFIC)

**Interior build out for Cafe Install on new
porch in side rear**

711.10.1A

ARE THE FOLLOWING INCLUDED?		YES	NO
OCCUPYING STREET OR SIDEWALK	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1), (2)	<input type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
AIR CONDITIONING	(1), (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1), (3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3)	<input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
 NOTES: 2. HEAT LOSS INFO REQUIRED
 NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

John Brunton
Signature of Owner or Authorized Agent

John Brunton
Print name (clearly)

1141 Brunton
Street

Somerville MA 02145
City State Zip

617-625-9015
Phone number, where you can be reached (day)

~~RECEIVED~~ PLANS DENIED
12-28-06
All Rights Reserved

Inspector's Name and Title SIGNATURE DATE



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES
APPLICATION FOR A PERMIT TO BUILD/ALTER/REPAIR
IN ACCORDANCE WITH SECTION 110.9
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE 130.00
DATE REC'D: 8-10-07
ACCEPTED BY: A.B.
DATE ISSUED: 8-10-07
DATE DENIED:
PERMIT NO.: BP-07-1071

1. LOCATION OF PROPERTY (NO. AND STREET)		11 Bow ST		MAP	73	BLOCK	C	LOT	11
2. NAME AND ADDRESS OF PROPERTY OWNER									
Mr. Mank									
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER									
REGISTRATION NUMBER									
TELEPHONE									
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER									
John Murray 114 Broadway									
TELEPHONE: 617 625 9018									
CONST. SUPER. LIC. NO. 049988 H.C. REG. NO. 114936 SIGNATURE (REQ'D)									
5. ZONING DIST. <u>CBD</u> TYPE OF PERMIT <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY									
6. WARD <u>2</u> <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input checked="" type="checkbox"/> OTHER									
7. CURRENT USE(S) <u>Commercial bldg</u> PROPOSED USE(S) <u>Same</u>									
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS <u>NA</u> USE GROUP <u>B</u>									
9. ESTIMATED CONSTRUCTION COST <u>0.000</u>									
10. WHAT IS THE CONSTRUCTION TYPE? PLANS SUBMITTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
11. LOT DIMENSIONS AREA FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE									
12. PROPOSED SETBACKS FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE									
13. HEIGHT OF STRUCTURE (FT.) TOTAL SQUARE FOOTAGE NUMBER OF STORIES									
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER									
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE									
16. WASTE DISPOSAL COMPANY <u>EBI</u> DISPOSAL SITE ADDRESS <u>Everett</u>									
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)									
Install new 24'x15' sign to front face of building									
pointed to building. Also reface existing sign and									
hang on sidewalk									
<u>30 S.F.</u>									
<u>BLOC 11</u>									

ARE THE FOLLOWING INCLUDED?		YES	NO
OCCUPYING STREET OR SIDEWALK	(1)	<input type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1)	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1)	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING/GAS/FITTING	(1)	<input type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2)	<input type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1)	<input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2)	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3)	<input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1)	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Owner or Authorized Agent: John Murray
Print name clearly: John Murray
Street: 114 Broadway
City: Somerville State: MA Zip: 02148
Phone number where you can be reached (days): 617 625 9018
APPROVED: [Signature]
Inspector Name and Title:



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE

PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: 160.00
DATE REC'D: 12-26-06
ACCEPTED BY: AB
DATE ISSUED: 12-26-06
DATE DENIED: RP-010-1859
PERMIT NO. RP-010-1859

1. LOCATION OF PROPERTY (NO. AND STREET) <u>11 Bow St</u>		MAP <u>73</u> BLOCK <u>C</u> LOT <u>11</u>
2. NAME AND ADDRESS OF PROPERTY OWNER <u>Diesel Cafe</u>		
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER REGISTRATION NUMBER _____ TELEPHONE _____		
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER <u>John Murray</u> TELEPHONE <u>617 625 9015</u> CONST. SUPER. LIC. NO. <u>049588</u> H.I.C. REG. NO. <u>144336</u> SIGNATURE (REQ'D) <u>John Murray</u>		
5. ZONING DIST. <u>DB2</u>	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY <input type="checkbox"/> REPAIR <input checked="" type="checkbox"/> EMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER	
6. WARD <u>2</u>		
7. CURRENT USE(S) _____	PROPOSED USE(S) <u>Coffee House</u>	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS _____ USE GROUP _____		
9. ESTIMATED CONSTRUCTION COST <u>10,000</u>		
10. WHAT IS THE CONSTRUCTION TYPE? _____ PLANS SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. LOT DIMENSIONS AREA	FRONT YARD	REAR YARD RIGHT SIDE LEFT SIDE
12. PROPOSED SETBACKS	FRONT YARD	REAR YARD RIGHT SIDE LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE NUMBER OF STORIES	
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER _____		
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE _____		
16. WASTE DISPOSAL COMPANY <u>DBI</u>	DISPOSAL SITE ADDRESS <u>Chelsea</u>	
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

Interior demo of all non bearing partitions. Remove all carpeting

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK (1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY (1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL (1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PLUMBING GAS/FITTING (1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEATING (Mechanical) (1) (2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OIL STORAGE (1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AIR CONDITIONING (1) (2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PUBLIC WATER/SEWER (1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical) (1) (3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE DETECTION (3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WOOD BURNING APPLIANCE (1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE

John Murray
Signature of Owner or Authorized Agent
John Murray
Print name clearly
114 Broadway
Street
Somerville MA
City State
617 625 9015
Phone number where you can be reached days
APPROVED Al Brown
Inspector Name and Title

** Building Permit issued pursuant to Massachusetts Building Code Requirements **

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)



FOR OFFICE USE ONLY
\$ 2080 63

DATE REC'D: 6/29/07
ACCEPTED BY: JA
DATE ISSUED: 6/29/07
DATE DENIED:
PERMIT NO. BP 07-797

ARE THE FOLLOWING INCLUDED?		YES	NO
OCCUPYING STREET OR SIDEWALK	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELECTRIC	(1)	<input type="checkbox"/>	<input type="checkbox"/>
PLUMBING/GAS/FITTING	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1), (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AIR CONDITIONING	(1), (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1), (3)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO. REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent: John M. M...

Print name clearly

114 Boarding

Cometville

617 625-90

APPROVED: 

Inspector's Name and Title



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD/ALTER/REPAIR
IN ACCORDANCE WITH SECTION 1100
OF THE MASSACHUSETTS STATE BUILDING CODE

PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE 129.00
DATE REC'D 5-12-10
ACCEPTED BY AB
DATE ISSUED 5-12-10
DATE DENIED
PERMIT NO. BP-10-5179

1. LOCATION OF PROPERTY (NO. AND STREET) 116 Bow St MAP 73 BLOCK C LOT 11

2. NAME AND ADDRESS OF PROPERTY OWNER

3. NAME AND ADDRESS OF ARCHITECT/ENGINEER
REGISTRATION NUMBER TELEPHONE

4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER TELEPHONE
CONST. SUPER. LIC. NO. H.E.C. REG. NO. SIGNATURE (REQ'D)

5. ZONING DIST. CCD55 TYPE OF PERMIT: ☐ NEW ☐ ADDITION ☐ CERTIFICATE OF OCCUPANCY
6. WARD 2 ☐ REPAIR ☐ DEMOLITION ☐ ALTERATION ☒ OTHER

7. CURRENT USE(S) PROPOSED USE(S)

8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS N/A USE GROUP B

9. ESTIMATED CONSTRUCTION COST

10. WHAT IS THE CONSTRUCTION TYPE? PLANS SUBMITTED ☒ YES ☐ NO

11. LOT DIMENSIONS: AREA FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE

12. PROPOSED SETBACKS: FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE

13. HEIGHT OF STRUCTURE (FT.) TOTAL SQUARE FOOTAGE NUMBER OF STORIES

14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? ☐ YES ☒ NO
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER

15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? ☐ YES ☐ NO IF YES, GIVE COMMISSION APPROVAL DATE

16. WASTE DISPOSAL COMPANY DISPOSAL SITE ADDRESS

17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? ☐ YES ☐ NO

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1) <input type="checkbox"/>	<input type="checkbox"/>
PLUMBING/GAS/FITTING	(1) <input type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3) <input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE

[Signature]
Signature of Owner or Authorized Agent

[Print Name]
Print Name Clearly

[Street]
Street

[City] [State] [Zip]
City State Zip

[Phone Number]
Phone number where you can be reached days

APPROVED [Signature]
Inspector Name and Title

** Building Permit issued pursuant to Massachusetts Building Code Requirements **

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)